World Vision Relief & Development Inc.

MIDTERM EVALUATION REPORT
THIÉS CHILD SURVIVAL PROJECT
MEKHÉ HEALTH DISTRICT, SENEGAL

Beginning Date: October 1, 1991
Ending Date: September 30, 1994

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List of Acronyms

CPN	Prenatal Care
CPS	Growth Monitoring Clinics
EPI	Expanded Program of Immunizations
HMIS	Health Management Information System
IEC	Information, Education, and Communication
MOH	Ministry of Public Health and Social Action
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PNA	National Pharmaceutical Supply Depot
TBA	Traditional Birth Attendant
TCSP	Thiés Child Survival Project
TT	Tetanus Toxoid
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VAT	Vaccine Antitetanus (TT)
WID	Women in Development
WHO	World Health Organization
WV	World Vision
WVRD	World Vision Relief & Development

ACKNOWLEDGEMENTS

The evaluation team would like to thank the entire World Vision International team, both at Thiés and Mekht, for their collaboration and assistance in the realization of this evaluation.

Thanks also to the Mekhé health district, health center and health post personnel for their efforts in providing primary health care and child survival services.

And, finally, a special thanks and tribute to the many community volunteers and organizations that are making quality-of-life improvements, child survival, and integrated development a reality throughout the health district of Mekhé.

EXECUTIVE SUMMARY

A midterm evaluation was carried out for World Vision Relief & Development's Thies Child Survival Project (TCSP) in Thies, Senegal, from August 16-31, 1993.

The purposes of the midterm evaluation are the following:

- to review progress towards objectives;
- resolve issues identified during implementation;
- recommend useful actions for the remainder of the project;
- document lessons learned; and
- improve strategies for sustainability.

Because WVI/S, USAID and the MOH all expressed concerns about TCSP's role in developing the Mekht health district, this evaluation examined closely that project aspect.

An external evaluator, Dr. Franklin Baer, and the WVI/S project manager, Lamine Thiam, were responsible for the evaluation. The evaluation team reviewed project documents; met with the partner agencies (MOH, USAID, World Bank, UNICEF, and WVI/S); interviewed project and health district staff; visited health posts and health huts; interviewed health workers and committee members; and discussed strategies for project improvement.

The major accomplishments and recommendations were formulated in French and shared in a meeting before leaving the project site.

I. MAJOR ACCOMPLISHMENTS

WVI/S has done an excellent job in promoting integrated community development and empowerment. This is usually spearheaded by community interest in obtaining a protected well and pump. Child survival, health and TCSP interventions are important, but not central, to this integrated approach. TCSP has trained 30 TBAs and 67 promotrices to improve deliveries at health huts and provide community education/participation for immunizations, ORT utilization and growth monitoring. Good progress made for most project objectives (see table below). TCSP has partially succeeded in linking health post outreach to communities by providing nurses with transportation to reach village clusters for immunizations, growth monitoring and prenatal clinics. Cost recovery has been initiated for medicines and recurrent costs, but are not yet well managed. TCSP has had limited impact on the organizational, planning, and management capacity of the health district.

TCSP ACHIEVEMENT OF PROJECT OBJECTIVES

Project Objectives	KAP Baseline January 1992	Annual Report September 1992	Second KAP . . Survey July 1993
1. 85% complete vaccination coverage of children O-23 months.	14% (N+M)	32% (N)	63% (N) 37% (M)
2. 80% of pregnant women receive 2+ prenatal consultations.	20% (N+M)	28% (N)	67% (N) 69% (M)
3. 70% of pregnant women receive two doses of VAT.	20% (N+M)	29% (N)	62% (N) 76% (M)
4. Contraceptive prevalence rate of at least six percent.	1.7% (N+M)	0.7% (N)	0.8% (N) 0.7% (M)
5. 50% of mothers use sugar-salt rehydration of their children.	13% (N+M)	32% (N)	41% (N) 8% (M)
6. 70% of children O-3 years are weighed at least once every four months.	6% (N+M)	19% (N)	, (N)
7. 50% children O-3 years receive chemoprophylaxis (May-Sep.).	5% (N+M)		(N+M)
8. Nine health posts equipped and trained to conduct CS activities.	0	4 (N)	4 (N)
9. Nine health posts with func. HMIS for analysis and decision-making.	0	9 (N+M)	9 (N+M) but only 1 or 2 are being used for decision-making

Project Objective3	KAP Baseline January 1992	Annual Report September 1992	Second KAP Survey -July 1993
10. 100% of motor fuel cost covered by user-fees/income-generation.			Motor system only put in place in June 1993.
11. 40 village cluster health huts func. with 80 promotrices and 40 TBAs.	4 Hlth Huts	39 Hlth Huts 67 promt. 12 TBAs	39 Hlth Huts 67 promt. 30 TBAs
12. 40 Women's Hlth committees involved in planning, implementing and financing.	0		40

(N) = Niakhene Arrondissement (current project site)
(M) = Merina, etc., Arrondissements (project extension 93-94)

II. SUMMARY OF RECOMMENDATIONS

Recommendation l-Health District Delimitation: TCSP should help the health district redefine zones of responsibilities for health posts with respect to population treatment-seeking behavior and health post workload.

Recommendation 2-Health District Medical Chief: The MOH should assign a second medical doctor with a degree in managing health programs to reinforce the planning and management of the health district.

Recommendation 3-External Assistance: Partner agencies should require the health district to provide an annual report, action plan, and budget that account for inputs from all sources.

Recommendation 4—Health District Management: The Mekhé health district should establish a financial co-management system (including the MOH budget) which shares responsrbilities between the District Health Committee and District Medical Chief.

Recommendation S-Supervision of Health Posts: TCSP should help the health district strengthen HMIS and child survival supervision and reward health post initiatives for analysis and decision-making.

Recommendation 6-Family Planning: TCSP should help the health district develop IEC for family planning and provide contraceptive methods (pills, condoms, spermicide) at selected health posts.

Recommendation 7-IEC: WVI/S should promote innovative community-determined IEC initiatives at all WV projects, including TCSP, as a way of integrating projects at the community level.

Recommendation %-Operations Research: TCSP should use Operations Research to improve IEC messages and techniques, to reassess tasks of promotrices, to improve well baby clinic participation, and to streamline administrative procedures.

Recommendation 9-Resupply of Essential Medicines: Partner agencies and the MOH should identify and authorize an alternative source for procurement of essential medicines if the supply line of PNA is inadequate.

Recommendation 10—Project Extension: USAID/W, with support from USAID/S and the MOH, should negotiate a two-year centrally funded extension of TCSP.

III. BACKGROUND

In April 1991, USAID/Washington provided a grant to World Vision Relief & Development (WVRD) for the Thiés Child Survival Project (TCSP) to be implemented by World Vision International/Senegal (WVI/S) for a period of three years (FY92-FY94) in the health district of Mekhé of the Thiés Region. The health district comprises the three arrondissements of Meouane, Niakhene, and Merina Dakhar. This area is characterized by a soudano-sahelian climate with a single annual rainy season of three to four months. Agriculture is the principal economic activity of the population. According to Ministry of Health and Social Action (MOH) estimates, the infant mortality rate is 86/1000 and the child mortality rate is 135/1000.

As a child survival funded activity, TCSP is to develop cost-effective strategies for providing health care to target groups of mothers and children. Child Survival interventions include immunizations, oral rehydration therapy (ORT), prenatal care, growth monitoring and family planning. Project interventions, such as training, health management information system (HMIS), and cost recovery, are also intended to strengthen the support components of the district health system.

It is important to note that a major objective of TCSP, besides promotion of child survival interventions, is to promote integrated development at the community level. TCSP is one component of World Vision's Integrated Rural Development Program which includes water development, agriculture, primary health care (PHC), social mobilization, education, and Women in Development (WID). World Vision health care strategies for the Africa Region are community based, holistic, comprehensive, and both intra- and inter-sectoral. TCSP includes more emphasis on community participation than is found in the design of most Child Survival projects. According to World Vision's health strategy:

> *Outside influence may help raise awareness and sensitize people, but the community must sense that the issues being addressed are their own felt needs. It is crucial to the sustainability of development that the community participates in the project from initiation right through to the evaluation stage.*

TCSP is also expected to implement the MOH national strategy to promote decentralization and organization of primary health care at the health district level. A MOH March 1990 seminar on regional and health district planning stated that the creation of a successful district health system necessitates:

- Decentralization based on health districts as the operational units for planning.
- Active community participation in health actions.
- Double planning process/top-down and bottom-up (central, district, and local).
- Understanding the district characteristics.
- An emphasis on logistic and organizational functions.
- Delimitation of both administrative and functional responsibilities.
- Empowerment of the Medical Chief of the health district for decision-making.
- Adaptation of standards to local characteristics.

- A Health Management Information System (HMIS) designed to resolve district problems.

TCSP is thus perceived by each partner agency from a different angle. WVI/S sees TCSP as part of an integrated community development program, the MOH considers the project a resource for organizing a decentralized health district, and USAID views TCSP as a project to provide child survival interventions which link communities with the health system. This makes TCSP a rather complex endeavor which, if implemented successfully, will result in an integrated health district system with a strong community-determined component. This evaluation placed considerable attention, therefore, on the interaction of the three approaches in creating a functional health district.

The **goal** of TCSP is to lower the morbidity and mortality of pregnant women and children under five years in the health district of Mekhe.

The stated **purpose** of TCSP is to provide child survival activities, promote an integrated community development program, and strengthen the district health system so that it provides effective and sustainable services to women and children. The following strategies have been adopted to achieve this purpose:

- Integrate the TCSP plan of action into the Mekhe development plan.
- Involve the population in planning, implementation, financing and evaluation.
- Establish a cost-recovery system through a user fee program.
- Encourage income-generation to pay fuel costs of health post motors.
- Transfer managerial know-how to the health district.
- Update the competence of the health district team via seminars/workshops.
- Ensure feedback on health information via data collection.

The **indicators** related to the project purpose and implementation strategy consist of:

Program Interventions:

- Eighty-five percent complete vaccination coverage of children O-23 months.
- Eighty percent of pregnant women receive at least two prenatal consultations.
- Seventy percent of pregnant women receive two doses of VAT.
- Contraceptive prevalence rate of at least six percent.
- Fifty percent of mothers use sugar-salt rehydration of their children.
- Seventy percent of children O-3 years are weighed at least once every four months.
- Fifty percent of children O-3 years receive chemoprophylaxis between May and September.

Support Components:

- Nine health posts equipped/trained to conduct child survival activities.
- Nine health posts with functional HIS including analysis and decision-making.
- One hundred percent of motor fuel costs covered by user-fees and/or income-generation.

Community Participation/Empowerment:

- Forty village cluster health huts functional with a promotrice and TBA.
- Forty Women's Health Committees involved in planning, implementation, and financing.

IV. METHODOLOGY

The purpose of the midterm evaluation was to (1) review progress being made toward proposed outputs, purposes and goals; (2) resolve issues identified during the planning/ implementation phases; (3) recommend useful actions for the remainder of the project; (4) identify what is working well and document lessons learned; and (5) improve strategies for sustainability of interventions.

An external evaluator, Dr. Franklin Baer, and the WV project manager, Lamine Thiam, were responsible for the evaluation. The WVI/S coordinator for monitoring and evaluation (Charles Sow), the WID project manager (Marie Therese Diouf), the TCSP technical coordinator (Bande Ndaiaye), and the MekhC health district supervisor (Aliome Diedhiou) participated in most field visits and formulation of recommendations.

The **1993 FHA/PVC Child Survival Midterm Evaluation Guidelines** provided a comprehensive checklist of questions to guide this evaluation. Discussion with WVI/S, MOH, USAID and project staff indicated which questions were considered most important by both project staff and partner agencies. There was a general concern about the interfacing of community development and child survival interventions with the health district structure to produce an integrated health support system. The evaluation methodology was therefore weighted to focus particular attention on this aspect of the project.

The evaluation field work took place over a ten-day period, August 18-27, 1993. The methodology included review of project documents; meetings with the principal agencies assisting the MekhC health district (MOH, World Bank, UNICEF, USAID and WVI/S); interviews with project and health district staff; visits to project-assisted health posts and health huts; interviews with health workers and committee members; and discussions of alternative strategies for project improvement.

Based on findings, preliminary recommendations were drafted in collaboration with the TCSP team. Recommendations were further reviewed and revised, first in a meeting with WVI/S staff, and, subsequently, in a joint meeting attended by representatives of TCSP, WVI/S, MekhC health district, USAID, MOH/regional, MOH/central, and the World Bank. A first draft of the written report was reviewed with WVI/S and revised before the departure of the external consultant.

The team decided that the written evaluation report should be "recommendation driven." Each section begins with a major recommendation, follows with discussion of the **Findings and Options** which led to the recommendation, and concludes with some **Recommended Actions** to facilitate the implementation of the recommendation.

V. FINDINGS AND RECOMMENDATIONS

k Health System Design and Implementation

Recommendation I-Health Post Delimitation: TCSP should help the health district redefine zones of responsibilities for health posts with respect to population treatment-seeking behavior and health post workload.

Findings and Options: The MOH strategy for decentralization is based on the health district as the operational unit for the planning and management of primary health care. The geographical delimitation of the health district and its health posts with respect to accessibility by the population is fundamental to the planning and management of a health district. The current Mekhé health district action plan, however, uses the administrative limits of the rural community to define the zones of responsrbility for each health post. This does not take into account the proximity of other health posts which may lie just over the line in another rural community or department. Neither is it adapted to the existing treatment-seeking behavior of the population or the capacity of the health post personnel to effectively reach all village clusters within its zone of responsibility.

A health post like Ngandiouf, for example, has a zone of responsibility which is too large, both population-wise and superficially. Consequently, the health post has become dependent on a TCSP-financed mobile team from Mekht to provide outreach services for the village clusters which are beyond its effective reach, even though those villages could be accessed by a neighboring health post belonging to a different rural community.

The development plan for Mekhé health district needs to be updated with respect to redelimitation of zones of responsibilities for health posts. This will require discussions with the population, contacts with neighboring health districts, and approval by the regional medical chief. This process should take place at the same time as recommendations #2 and #3 to assure that the result represents a consensus of the population and not just of the health district staff. The new plan may well require the creation of new health posts or alternative mechanisms to reach village clusters that are now dependent on mobile teams. TCSP should assist this process by keeping the focus on the population to be served rather than the administrative boundaries to be respected, and by revising the job descriptions of its own personnel away from the mobile team format.

Recommended Actions:

- Obtain a large scale map of Thiés region to identify villages, clusters and zones.
- Calculate the percent difference between real versus official populations in a few villages.
- Discuss treatment-seeking preference and population estimates with each village cluster.

- Revise the delimitation of zones of responsibilities for health posts with respect to the above.
- Discuss alternative strategies for hard-to-reach areas, e.g., promotrices with more medicines.
- Reassess the number of health posts required by the health district.
- Review and revise the long-term development plan for the health district.
- Emphasize health district and health post identity with a map on every wall.
- Prepare a written plan to reduce or eliminate mobile team services.

Recommendation 2-Health District Medical Chief: The MOH should assign a second medical doctor with a degree in managing health programs to reinforce the planning and management of the health district.

Findings and Options: Ministry of Health policy **calls** for a **minimum** of two medical doctors for each health district, and three when the health district has a large population. The District Medical Chief is to have specialized training in the planning and management of health districts. In the case of Mekhé there is only one medical doctor who has no public health specialization and has not yet officially completed all the educational requirements for his M.D. degree. Given the resources which have already been invested by partner agencies (World Vision, USAID, MOH/World Bank, and UNICEF), this situation requires immediate action. It is therefore recommended that the MOH assign a second medical doctor with a degree in managing health programs to reinforce the planning and management of the health district.

This recommendation was discussed at length during the evaluation debriefing session. Dr. Diallo, the Director of the MOH Division of PHC, pointed out that while he agreed with the principle of the recommendation, it would be difficult to put into application because of the lack of medical doctors who are already trained in planning and management and, just as important, because of the lack of adequate housing at Mekht to accommodate a second medical doctor.

A number of alternatives should therefore be given consideration: (1) Switch doctors with another district that has two "trained" doctors; (2) add a graduate level nurse technician to the health district team; (3) send the current doctor for training as soon as possible; and (4) bring in an experienced District Medical Chief as a consultant.

If it proves impossible to implement the original recommendation, then option "A' should be given careful consideration. Options "B," "C," and "D" will not, in the opinion of this evaluator, satisfactorily resolve the problem, although a combination of "BCD" might prove effective.

Recommended Actions:

- Make a formal request for a second "trained" M.D. for the health district.
- Identify possible lodging and work space for a second medical doctor.
- Contact health districts which might already have two "trained' M.D.s.
- Identify a "trained" District Medical Chief who could visit as a consultant.

- Investigate the feasibility of option "BCD."

B. Technical and External Assistance

Recommendation 3-External Assistance: Partner agencies should require the health district to provide an annual report, action plan and budget that account for inputs from all sources.

Findings and Options: TCSP has effectively used technical support from international and national levels. External consultants assisted in the design of the baseline KAP survey in preparing nutrition training modules and in initiating the HMIS system. According to the TCSP project manager, this assistance was straightforward and beneficial. In addition, support visits were also made by WV1 staff, Dr. Milton Amayun, and Dr. Eric Ram. WVI/S has also taken good advantage of opportunities for additional training of project staff and participation in seminars relevant to project objectives.

Additional external technical assistance might prove useful in the areas of IEC (see Rec. #8) and in the organization of the health district planning management systems (see Recs. #1 and #4). WVI/S and the MOH should also seek opportunities for health district and TCSP staff to visit other health districts in Senegal or in nearby countries such as Cameroon and Zaire.

External assistance to the health district is quite promising. Given the interest and resources of WVI/S, USAID, UNICEF, World Bank and the MOH, it would appear that Mekhé has more than enough resources to develop the health district. However, the technical competence of the Mekhé health district personnel has a long way to go before it can effectively manage, on its own, large inputs of external assistance. Partner agencies should take care that their assistance does not overwhelm the managerial capacity of the health district. They should provide incremental assistance based on a demonstrated managerial capacity of previous assistance received.

The five-year action plan, which was developed in conjunction with the World Bank funded project, is not being used as an implementation and management tool. There has been no visible effort to prepare an annual action plan for the health district *or* to review/revise the development plan. Partner agencies should insist that the health district provide an annual report, action plan and budget that accounts for the inputs from all sources. This plan should be developed by the District Health Committee and then discussed in a meeting with partner agencies.

The annual budget should be tied directly to the action plan and include identification of the probable source of financing. For example, a training of 30 promotrices for 1994 should be indicated by a budget line item that is proposed to TCSP for funding.

Recommended Actions:

- Review and revise the long-term development plan for the health district.
- Develop an annual action/budget plan which accounts for all inputs and sources.
- Tie budgetary line items directly to health district activities.
- Present and discuss the action/budget plan in a joint meeting with partner agencies.

C. Counterpart and Management Relationships

Recommendation 4—Health District Management: The Mekhe health district should establish a financial co-management system (including the MOH budget) which shares responsibilities between the District Health Committee and District Medical Chief.

Findings and Options: The counterpart of the TCSP project manager and technical coordinator are the District Medical Chief and health district supervisor. Working relationships are generally good. TCSP has made an effort to work through health district counterparts. For example, material assistance for health posts is provided through the health district rather than directly from TCSP. Supervision visits to health posts are always made with the health district supervisor. TCSP has tried to improve health district planning and management skills; however, since the organization and management of a health district is relatively new territory to both WVI/S and to the health district personnel, there has been difficulty in translating the principles of decentralized management into practice.

Financial management for Mekhé consists of uncoordinated multiple budgets. The District Health Committee manages cost-recovery income with the District Medical Chief, but has no say in the management of funds provided through the MOH budget. If the goal of the MOH is to truly make the health district an **integrated** health system, then it is necessary to unify the budgetary process based on principles of co-management with the population.

Health districts are generally best managed through some form of co-management. The District Medical Chief should be responsible for the technical organization of PHC, but managerial responsibility, especially financial and material, should be shared with a management committee that he does **not** chair. Co-management and co-signatures should be required for funds and materials provided by partner agencies, including the MOH budgetary allocations. This need not require official administrative recognition from the part of the government, but could be done "in-house" through written management procedures established by the District Health Committee.

The existing decree (#92-118/MOH) concerning the organization and responsibilities of District Health Committees appears to provide a basis upon which to structure a co-managed system. However, if legal interpretations indicate that co-management is not possible within this framework, then the partner agencies should request that Mekhe health district be given a special pilot project status to permit experimentation

in principles of co-management. The role of TCSP in this process should be carefully defined and limited.

TCSP should not become involved in the daily management of the health district, but rather should provide technical assistance to establish a transparent co-management system and assure appropriate community participation.

Recommended Actions:

- Define locally the role of the District Health Committee in terms of co-management.
- Review procedures for elections to assure community participation from health posts.
- Prepare an annual budget which accounts for revenues from all sources.
- Require "in-house" double signatures for reception of all financial and material assistance.

D. Supervision and Management Information Systems

Recommendation S-Supervision of Health Posts: TCSP should help the health district strengthen HMIS and child survival supervision and reward health post initiatives for analysis and decision-making.

Findings and Options: The evaluation team visited two TCSP-assisted health posts-Ngandiouf and Mbayene. Ngandiouf health post is well organized, orderly and clean. There was a map depicting clearly the zone of responsibility and the 16 sub-zone village clusters. This zone of responsibility is too great for a single health post, and, as a result, the mobile health team from Mekhé takes care of outreach services to 25 percent of the village clusters. This situation has forced the TCSP into the role of service providers, when their role should be limited to providing training and material support to health posts, through the health district, to facilitate health service delivery.

According to the Ngandiouf nurse, a redelimitation of his zone of responsibility which would assign village clusters to other health posts **where they are already seeking treatment** could eliminate the necessity of a mobile team and permit him to provide outreach services for all villages in his zone of responsibility.

The health post of Mbayene demonstrated a need for increased supervision, in-service training, and a good cleaning. (Mbayene was, however, somewhat cleaner than the district health center!) There was no map indicating the health post zone of responsibility and little evidence of programming of outreach activities. The monthly reports were completed but difficult to interpret.

Mekhé health district is participating in the pretest of the MOH's Health Management Information System (HMIS). Nearly all the information included in World Vision's child survival HIS may be found in the MOH system. The information

appears to be useful and relatively simple. There is a good balance between qualitative and quantitative data. It supplies instructions to encourage local analysis of data for decision-making. However, there is little evidence that the health post nurses are doing this. This is an area where TCSP should help reinforce supervision.

The health district and TCSP should seek innovative (non-monetary) ways to reward health posts which are the best managed and which are using HMIS data for local decision-making. One possibility might be a health post banner which would be awarded to the best-managed health post on a monthly or quarterly basis.

Recommended Actions:

- Develop supervision protocols for health posts.
- Provide poster graphs to encourage charting and interpreting of summary indicators.
- Distinguish between registered and non-registered population in the HIS.
- Identify a few key indicators for health center analysis and tracking.
- Include review of the HMIS as part of the supervision visit.
- Include a visit to an outreach activity as part of each supervision visit.
- Put more emphasis on the actions to be taken and their follow-up.
- Use each supervision visit as an opportunity for continuing education.

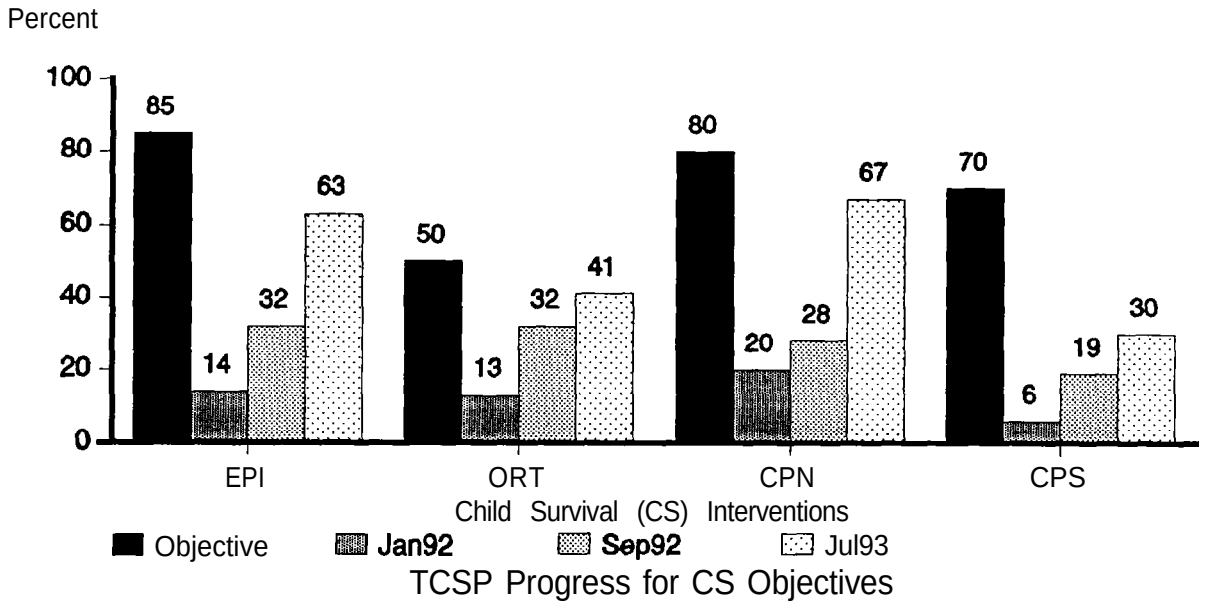
E. Child Survival Interventions

Recommendation 6-Famiiy Planning: TCSP should help the health district develop IEC for family planning and provide contraceptive methods (pills, condoms, spermicide) at selected health posts.

Findings and Options: TCSP Child Survival interventions have been operating for 23 months, serving a population base of 143,000 inhabitants. The target population totals 50,439 and consists of women 15-45 years old (27,065) and children O-5 years of age (23,374). TCSP began its work in four health posts of the arrondissement of Niakhene and plans to expand to all nine health posts in late 1993.

The Child Survival interventions promoted by TCSP include vaccinations, ORT, maternal protection (including family planning), nutrition promotion (including growth monitoring) and malaria prophylaxis. This mix and prioritization of interventions is appropriate with respect to the problems and resources, but does not always match community priorities. Fortunately, WVI/S's integrated development process allows other community-determined interventions.

TCSP conducted a baseline Knowledge, Attitudes, and Practice (KAP) survey in January 1992 which was repeated in July 1993 for comparative purposes. The methodology and information generated were appropriate and informative. Some of this information was used in decision-making about health education strategies. Adequate progress has been made for nearly all child survival interventions, as may be seen in the table below.



TCSP Progress for CS Objectives

Each health post has a zone of responsibility which consists of village clusters around a central village. Each cluster represents a population of 1000-2000 inhabitants in 4-8 villages. The central village is the location for the health hut, the promotrices, and a matron. The promotrice is a multi-purpose development agent whose responsibilities include health education and collection of user-fees. The matrons are Traditional Birth Attendants (TBAs) who have gone through additional training and an internship at a maternity to specialize in health hut deliveries. There are now initiatives to expand the promotrice concept to satellite villages through promotrice aides trained by the chief promotrice.

The technical quality of the child survival interventions being promoted is adequate, appropriate, and adapted to the village environment. For example, emphasis has been placed on the preparation of sugar-salt solution in the home rather than creating a dependency on using ORS packets which are not readily available from the National Pharmaceutical Supply Depot. TCSP has reinforced the cold chain from the health district to the health post by improving the operations and maintenance of refrigerators, and from the health post to the village by providing each health post with a means of transport for vaccines and supplies for outreach activities. These improvements cannot at this time, however, be considered sustainable. Further additional improvement in the management capacity of the health district and monitoring of sustainability is required.

Sufficient progress has been made for nearly all of the child survival specific interventions except family planning, which has hovered around one percent contraception prevalence. None of the health posts are providing family planning services, even though a demand for services has often been raised during discussions

at the village level. According to the KAP surveys, 80 percent of the women expressed an interest in using some form of contraception. The health district and TCSP should consider sending nurses from the best-managed health posts to family planning training, and, upon their return, permitting the distribution of at least pills, condoms, and spermicides.

While participation in growth monitoring sessions has been relatively low, this is a common problem experienced by many programs. TCSP should use Operations Research to try out some alternative strategies which might improve participation. Some suggestions are:

- Change the payment system for CPS to once a year rather than once a month.
- Train literate promotrices to do growth monitoring.
- Experiment with innovative IEC techniques such as songs and drama.

***Recommended** Actions:*

- Send selected health post nurses to Dakar for family planning training.
- Establish a sufficient stock of contraceptives at the health center.
- Pursue family planning IEC development within the community context.
- Use Operations Research to try out strategies to improve CPS participation.

F. IEC and Community Empowerment

Recommendation 7—IEC: WVI/S should promote innovative community-determined IEC initiatives by all WV projects, including TCSP, as a way of integrating projects at the community level.

Findings and Options: When asked to define a "healthy village," villagers spoke about "a spirit of tranquility" that included good water, schools, health and agriculture. This indicates that the integrated development concept has strong community support. However, despite WVI/S efforts to promote integrated community development, the multi-project format with different partner agencies and different governmental ministries has created a smorgasbord of projects, e.g., wells, windmills, WID, health, and child sponsorships. Each project tends to interact independently with the community in promoting its own development agenda, resulting in parallel rather than integrated community development.

The WVI/S director is aware of this problem. He realizes that it is not possible to integrate all projects on a technical basis, since windmill technology has little to do with growth-monitoring techniques, but he also recognizes the potential of IEC as a vehicle to achieve greater integration of VWI/S projects at the community level. This evaluation concurs with this assessment and encourages WVI/S to seek innovative community-determined IEC initiatives in all WV projects, including TCSP, as a way to integrate projects around themes of common interest. Child spacing would be a particularly good theme to explore, using an integrated IEC approach, because the

same "spacing" concepts apply to cattle raising, crop spacing, and education of children.

One way to pursue this goal might be to identify an IEC specialist who could conduct an in-country seminar to train one or two persons from each project team in community-determined IEC methodology. The idea would be to create an environment to talk about problems, alternatives, and solutions where no one project dominates the agenda. WVRD should supply WVI/S with copies of several excellent books on IEC methodology including *Training fur Transformation, Let's Build Our Lives,* and *Communicating About Health-A Guide for Facilitators.*

Most health post nurses have received little training in IEC techniques other than flip-charts, monologues, and demonstrations. TCSP has not printed any new IEC materials, but has rather distributed flip-charts prepared by PRITECH about diarrhea and posters about family planning from the national Family Health and Population project. The TCSP staff has demonstrated a keen interest in exploring innovative approaches to IEC which do not depend on flip-charts and monologues. TCSP should not be looking for one "best" IEC technique, but for various community-generated IEC techniques for each step of the IEC process (see table on Operations Research).

Recommended Actions:

- Obtain copies of books/articles about community-determined IEC approaches.
- Look for IEC themes, such as child spacing, that may be common to WVI/S projects.
- Diversify IEC strategies, with emphasis on problem identification.
- Train an IEC team which includes members from each WVI/S project.
- Use Operations Research as an IEC tool.

G. Operations Research and Problem Resolution

Recommendation 8—Operations Research: TCSP should use Operations Research to improve IEC messages and techniques, to reassess tasks of promohices, to improve well baby clinic participation, and to streamline administrative procedures.

Findings and ***Options:*** Operations Research (OR) is usually described as a three-step process of problem analysis, solution development, and solution validation. It is distinguished from other types of research by placing as much, or more, emphasis on the research process as on research results. While OR is applicable at any level of a health system, ideally OR is best conducted by the health personnel involved in the actual operations or by their immediate supervisors. For example, OR to develop IEC strategies could be conducted by a promotrice and/or by an integrated project team. In this context OR is as much a management and IEC tool as it is a research tool. In fact, the IEC process and the planning and management process are quite similar to those of operations research (see table below).

Operations Research, Planning and Management, and IEC

IEC	OPERATIONS RESEARCH	PLANNING AND MANAGEMENT.
Problem Perception		
Information Exchange	Problem Analysis	Identify Problems
Information Comprehension		Select Alternatives
Conviction and Solutions	Solution Development	Prioritize
		Implement
Applying Solutions	Solution Validation	Evaluate

Emphasizing the similarity between Operations Research and IEC and the planning and management process helps keep OR from being used as rigid research requiring control groups and extensive household surveys. Focus groups to generate alternatives and small scale testing of possible solutions should be the focus of OR. TCSP is already using an operations research approach to study registration forms for growth monitoring. This could and should be expanded to the areas such as IEC and child spacing (see Rec. #8).

Recommended Actions:

- Use an OR approach to development of IEC for child spacing/family planning.
- Use OR to improve and **simplify** growth monitoring registration forms.
- Experiment with nonmonetary strategies to motivate health personnel.
- Address health district management problems using an Operations Research approach.
- Assess the potential of using literate promotrices for growth monitoring and child spacing.

H. Sustainability Issues

Recommendation 9-Resupply of Essential Medicines: Partner agencies and the MOH should identify and authorize an alternative source for procurement of essential medicines if the supply line of PNA is inadequate.

Findings and Options: Securing the supply line of essential medicines for health posts is one of the most urgent problems which needs to be addressed by the Mekhé Health District. The health post "pumps" have been recently primed with Swiss medicines, and are currently generating considerable amounts of revenue, but there is no sure source for resupply of current stocks.

User fees from examinations and the sale of medicines are theoretically set at levels to replace medicines and provide for the maintenance of the health post. The MOH has issued guidelines indicating what percentage of the health post "profit" should be used for each category of expense. These funds are managed by a health post committee and not directly by the nurse. While the concept is good, the system is still in the early developmental stages, and there are many practical questions and issues which have not yet been adequately addressed by the health district. Given the current economic situation where salaries of personnel are to be reduced by 15 percent, the importance of user-fee generated income will become even more important in the future.

The National Pharmaceutical Supply (PNA) has been in the process of restructuring for quite some time. The goal is to provide greater autonomy for importation and sale of generic essential medicines. While there is some hope that the PNA pipeline of medicines may soon be flowing, no one really knows how long the transition period may take until the health district can be assured of a secure supply line.

If PNA becomes fully operational within the next several months, then the problem may be resolved. However, the health district, as part of its 1994 action/budget plan, should include a contingency plan to identify, in collaboration with its partner agencies, an alternative source for procurement of essential medicines. Some possrbilities to consider are procurement through UNICEF; direct procurement by WVI/S from Europe or the U.S.; or procurement through an agency which specializes in medical supply systems such as MAP International or Interchurch Medical Assistance (IMA).

Recommended Actions:

- Estimate essential medicines needs for 1994 for health posts and health center.
- Determine which medicines are not likely to be available through PNA
- Develop a contingency plan in case PNA is not able to resupply the health district.
- Obtain authorization for limited direct importation of essential medicines.
- Establish a mechanism to "pool" health post funds to finance a procurement order.
- Rationalize drug use by implementing standardized treatment strategies.
- Monitor closely financial sustainability indicators for health posts.

Recommendation 1 O-Project Extension: USAID/W, with support from USAID/S and the MOH, should negotiate a two-year centrally funded extension of TCSP.

Findings and Options: Sustainability must be examined at the community, health post, and health district levels by focusing on the following questions:

- Can the current level/coverage be sustained technically?
- Can activities be sustained financially, by cost recovery or other sources?
- Is managerial capacity adequate to sustain/manage an integrated health system?

The level of coverage for child survival interventions has increased impressively during TCSP. Much of this is due to the efforts in community mobilization and health post reinforcement, Should TCSP end today, current coverage would probably not be sustained, particularly for activities dependent on health post intervention (e.g., immunizations). This is why it is important to move quickly to make the health district as functional as possible. During the next year, activities to reinforce the health district should take priority over TCSP expansion into new arrondissements. With adequate initiatives by the health district and partner agencies, however, expansion and health district organizations could proceed simultaneously.

TCSP has concentrated sustainability efforts at the community and health post levels. User fees (1000 FCFA) are collected for each health hut delivery to permit resupply materials and to support other community activities. User fees are also collected for chloroquine prophylaxis and growth monitoring weight charts, as well as for each attendance at the well baby clinic. Part of these receipts go to the health post to support transportation costs between the health post and village cluster, and the other part is kept on reserve by the health committee. This system, combined with the user fees charged at the health post, provides an optimistic outlook for financial sustainability if this generated income can be protected by adequate management systems.

Management systems for sustainability are very good at the community level, good to fair at the health post level, and fair to poor at the health district level. This is the area of sustainability which TCSP must reinforce (see Rec. #3). Expansion into new arrondissements and reinforcement of sustainability cannot reasonably be completed by September 1994. USAID Washington, with support from USAID/S and the MOH, should negotiate a two-year project extension of TCSP to permit it to expand into the other arrondissements of the Mekhé health district, to strengthen the organization and management of the health district, and to develop stronger cost-recovery mechanisms.

Recommended Actions:

- Select and closely monitor financial sustainability indicators for health posts.
- Proceed cautiously and selectively with expansion of promotrices aides.
- Monitor health district financial sustainability via the annual action/budget plan.
- Reduce TCSP health contact with villages for one health post to test sustainability.

ANNEX A
LIST OF CONTACT'S

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Health Hut of Keno Sidy Mbengu (Louga)
Health Hut of Darou Sam (MekhC)

ANNEX B
LIST OF DOCUMENTS CONSULTED

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